



AUTHORIZATION FOR CREDIT CARD PAYMENT

Fax: (718) 780-3633

Mail or in person: 501 Sixth Street, Suite 2F  
Brooklyn, NY 11215

Questions: (718) 780-3618

**Please print legibly.**

I hereby authorize the employees of NYM Federal Credit Union

to transfer \$\_\_\_\_\_ from:  my share (savings)  
 my share draft (checking)

to make a payment on my NYM Federal Credit Union Visa Card.

My Visa Account # is: \_\_\_\_\_.

I will call the Credit Union to make sure that this fax was received and processed.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Account Number

\*\*\*\* PLEASE NOTE, REQUESTS RECEIVED AFTER 12:00 pm  
MAY BE PROCESSED THE NEXT BUSINESS DAY. \*\*\*\*